

Arizona Department of Health Services
Division of Behavioral Health Services

Substance Abuse Prevention
and Treatment Study
2008

September 2008



1600 East Northern Avenue, Suite 100 ♦ Phoenix, AZ 85020
Phone 602.264.6382 ♦ Fax 602.241.0757

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Health Services Advisory Group, Inc. (HSAG), an Arizona-based external quality review organization (EQRO), was contracted by the Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS) to conduct a study involving a case file review at nine residential treatment facilities (RTCs). The selected RTCs, which were identified by DBHS, provide substance abuse treatment programs and serve women with or without dependent children. The study is a requirement of the Substance Abuse Prevention and Treatment (SAPT) Block Grant, which was awarded to DBHS. The SAPT Block Grant was awarded to DBHS for the purpose of providing substance abuse prevention and treatment services to individuals who are not eligible for Arizona Health Care Cost Containment System (AHCCCS) benefits, of which the treatment of pregnant women and women with young children is a priority. The objective of the study was to gather baseline data regarding women's substance abuse treatment programs at RTCs throughout the state of Arizona.

The study was conducted by experienced HSAG behavioral health reviewers, who traveled to each of the nine RTCs. The study population consisted of all active female client case files, as of the date of the review. In order to complete the case file reviews, the HSAG reviewers used a data collection tool that was provided by DBHS. The data collection tool involved clinical areas of interest ranging from assessments to discharge planning. In addition to the case file reviews, the HSAG reviewers conducted interviews with a random sample of 20 percent of the actively enrolled women at each RTC. HSAG used a client interview tool that was provided by DBHS. HSAG also gathered interview/survey data from staff members at each of the nine RTCs via a staff interview/survey tool, which was provided to HSAG by DBHS. Prior to the on-site visit, HSAG forwarded the staff interview/survey tool to each of the participating facilities. The staff interview/survey tool was to be completed by the clinical director of the facility (or a designee) prior to the on-site visit. Each of the participating facilities was responsible for ensuring that all active female client case files were complete and available for review on the established review dates.

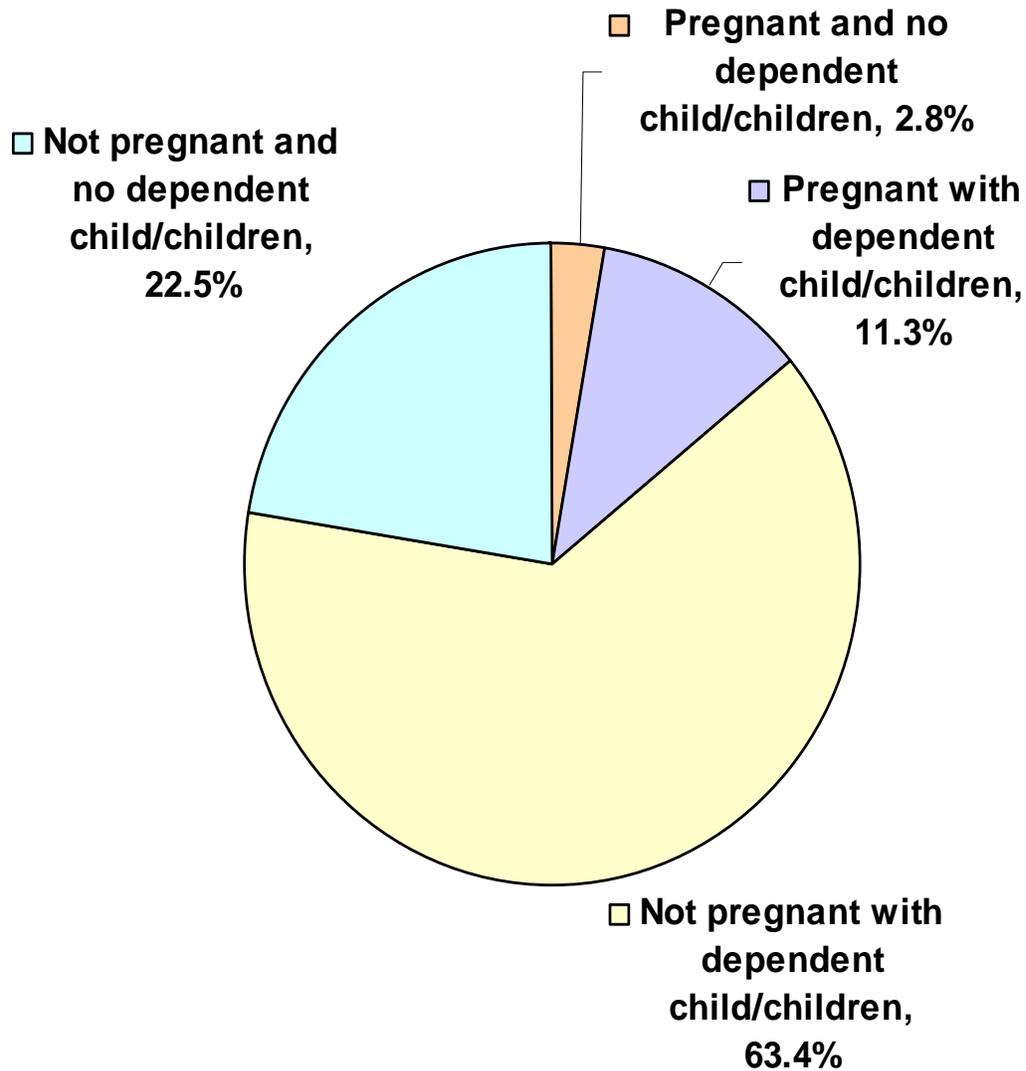
As depicted in Table 1-1 and Figure 1-1, the structure of the nine RTCs varied in terms of population size, population served, and length of stay (LOS). While the majority of the programs provided substance abuse treatment services to women only, one RTC served the male population as well. Additionally, while one program was designed to accommodate a 30-day length of stay, others were structured to provide services over a one-year or greater continuum.

Table 1-1 presents the overall study demographics.

Table 1-1—Study Demographics Table					
FACILITY NAME	TOTAL CASE REVIEWS COMPLETED	MEAN AGE @ TIME OF CASE REVIEW	MEAN LOS @ TIME OF CASE REVIEW	% OTHER ETHNICITY *	TOTAL CLIENT INTERVIEWS COMPLETED
The Haven	33	34	49	45.5%	7
CODAC (Las Amigas)	13	26	70	30.8%	3
Women’s Transition Project (Renaissance House)	5	36	81	0.0%	2
New Arizona Family (Pinchot Gardens)	26	31	62	23.1%	7
Native American Connections (Guiding Star Lodge)	13	31	27	84.6%	2
Ebony House, Inc. (Elba House)	8	37	127	62.5%	2
Community Bridges (Center for Hope)	23	26	222	30.4%	4
NOVA (Maverick House)	10	35	10	20.0%	3
Verde Valley Guidance Clinic (A Women’s World)	11	37	96	27.3%	3
Total	142	32	86	37.3%	33

* Percentage of enrolled women with ethnicity other than Caucasian.

Figure 1-1—Pregnancy Status of Study Participants



2. Aggregate Case File Review Results

Table 2-1 represents the aggregate case file review results for the nine participating RTCs.

In order to measure performance across identified standards, a “yes” answer was scored as one point and a “no” answer was scored as zero points. For each measure, the denominator was defined as the sum of all “yes” and “no” answers such that the “% of YES” column represents the sum of all “yes” answers divided by the denominator. Answers of “n/a”, not applicable, were excluded from the denominator to ensure that only applicable cases were evaluated in measure’s performance. However, the total number of “n/a” answers is provided in the “# of NA” column. An “*” represents a standard for which the “n/a” response is not an option. Due to the variation in the denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not yet been established by DBHS for the indicators captured during the case file review. A review of the data presented in Table 2-1 showed that the aggregate performance scores for 36 of 43 scored indicators were at or above 80 percent, while seven scores fell below 80 percent (question V.B.1.a-d was for informational purposes only and was therefore excluded from scoring). In addition, 33 of 43 evaluated results were at or above 90 percent.

Table 2-1—Substance Abuse Prevention and Treatment Study				
Aggregate Case File Review Results				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	142	43.7%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	29	96.6%	33
	b. PTSD	10	90.0%	52
	c. Postpartum depression/psychosis	0	---	62
	d. Other:	12	100.0%	50
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	142	88.7%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	59	98.3%	67
	b. PTSD	11	100.0%	115
	c. Postpartum depression/psychosis	8	100.0%	118
	d. Other:	23	91.3%	103

Table 2-1—Substance Abuse Prevention and Treatment Study				
Aggregate Case File Review Results				
		DENOMINATOR	% of YES	# of NA
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	126	86.5%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	126	96.8%	*
	4. Use of Standardized addiction assessment tools	126	91.3%	*
	5. Education/Screening HIV/AIDS and STDs completed	126	99.2%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	142	28.9%	*
	B. Is there a current ISP completed by the residential treatment facility?	142	100.0%	*
	1. Evidence that family/support network participated in development of ISP	29	82.8%	113
	2. ISP includes recovery goals that are measurable and person centered	142	90.8%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	142	97.9%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	121	66.9%	21
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	119	99.2%	23
	6. ISP addresses discharge planning	142	74.6%	*
	7. ISP includes a safety plan where there are domestic violence issues present	23	60.9%	119
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	118	97.5%	24
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	101	90.1%	41
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	142	93.7%	*
	C. Female peer/recovery support/coaches are used and are part of the treatment continuum	142	73.9%	*
V	Child/Family Involvement Services			

Table 2-1—Substance Abuse Prevention and Treatment Study				
Aggregate Case File Review Results				
		DENOMINATOR	% of YES	# of NA
	A. When appropriate, treatment involves family members, including the woman’s spouse and/or partner, or other support network	83	94.0%	59
	B. Does the client have dependent children?	142	74.6%	*
	1. If the client has dependent children, where are the children placed:			
	a. With mother	106	32.1%	*
	b. Relative	106	74.5%	*
	c. CPS	106	20.8%	*
	d. Other	106	2.8%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	104	94.2%	38
	2. OBGYN	43	100.0%	99
	3. Pediatricians	21	100.0%	121
	4. Therapists	33	93.9%	109
	5. Reproductive Health/Family Planning	11	100.0%	131
	6. Dental Care	15	100.0%	127
	7. Referring Agency	109	98.2%	33
	8. Other	94	98.9%	48
	B. Education on accessing and obtaining entitlements:			
	1. TANF	58	96.6%	84
	2. AHCCCS	63	100.0%	79
	3. WIC	18	94.4%	124
	4. Other	71	100.0%	71
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	142	76.8%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	117	94.9%	25
	B. Self Help Groups: information provided for 12 step or other outpatient programs	114	92.1%	28
	C. Additional agency referral provided, if necessary	77	98.7%	65
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ The 2007 ADHS/DBHS Annual Report on Substance Abuse Treatment Programs indicated that ADHS continues to support priority access to treatment for pregnant women and women with young children under special requirements of the Federal Substance Abuse Prevention and Treatment Block Grant. The report defined the overall goal as: “providing a continuum of comprehensive addiction treatment with long-term abstinence from all psychocative substance and improve the life functioning and well being, as measured by reductions in medical, psychosocial, spiritual, social, and family consequences of addiction.”²⁻¹ Relative to this goal, the baseline aggregate study results indicated that symptomatic improvement was noted in 97.5 percent of the SAPT case files reviewed at the nine RTCs.
- ◆ The 2007 ADHS/DBHS Annual Report on Substance Abuse Treatment Programs noted that services treat the family as a unit and admit both the women and their children into treatment. The report stated that ADHS funds supported 159 intensive treatment beds for women, with additional capacity for 122 young children in Arizona.²⁻² The SAPT study data indicated that 74.6 percent of the women included in the study had dependent children, and 32.1 percent of the dependent children were living at the RTCs with their mothers. Additionally, 74.5 percent of the children were residing with a relative, 20.8 percent were placed by Child Protective Services (CPS), and 2.8 percent fell in the “other” category. The results for this question take into account multiple placements when a mother has more than one dependent child.
- ◆ The SAPT study scores pertaining to the completion of an assessment (indicator I.A) and Individual Service Plan (ISP) (indicator II.A) by the enrolling agency, external to the RTC, were 43.7 percent and 28.9 percent, respectively. Conversely, the scores related to the completion of an assessment (indicator I.B) and ISP (indicator II.B) by the RTC were 88.7 percent and 100 percent, respectively. During the case file review, the reviewers noted that standardized documents such as the DBHS Provider Manual Form 3.9.1: Behavioral Health Assessment and Service Plan were typically being used across facilities. However, the form was not consistently filled out completely by the facilities. While standardized documentation may have contributed to consistent processes and recording across facilities, incomplete documentation may contribute to the variation in scores for the individual components of the assessment and treatment plan indicators.
- ◆ The scores pertaining to the indicator that measures assessment of the essential elements of a co-occurring disorders ranged from 90 percent to 100 percent for assessments completed external to the RTC (indicator I.A.1.a-d). Comparably, the scores ranged from 91.3 and 100 percent for assessments completed by the RTC (indicator I.B.1.a-d).
- ◆ The score pertaining to the indicator that measures the assessment of vocational/educational needs was 86.5, while the score pertaining to the inclusion of job readiness in the ISP, when applicable, was 66.9 percent.
- ◆ 96.8 percent of assessments included screening for abuse/trauma issues.
- ◆ 60.9 percent of ISPs had a safety plan as part of the ISP when there were domestic violence issues present.

²⁻¹ Arizona Department of Health Services. *Annual Report on Substance Abuse Treatment Programs*. Phoenix, AZ: Arizona Department of Health Services, Division of Behavioral Health Services; 2007

²⁻² Arizona Department of Health Services. *Annual Report on Substance Abuse Treatment Programs*. Phoenix, AZ: Arizona Department of Health Services, Division of Behavioral Health Services; 2007 ²

- ◆ The scores addressing the provision of support services were 90.1 percent for parenting education and 93.7 percent for the provision of daily living skills education. The score denoting the use of peer/recovery or support coaches as part of the treatment continuum was lower, at 73.9 percent.
- ◆ The score pertaining to family/support network involvement in treatment, when appropriate, was 94 percent.
- ◆ The ADHS/DBHS *Practice Improvement Protocol 5: Substance Use, Abuse, and/or Dependence in Pregnant and Postpartum Women*, placed significance on continuity and coordination of care.²⁻³ The results of the SAPT case file review indicated strength in the area of coordination of care, with aggregate scores ranging from 93.9 percent to 100 percent.
- ◆ An opportunity for improvement may be found in the area of drug monitoring. The SAPT study results indicated that random drug screening was provided during the course of treatment for 76.8 percent of the individuals included in the study.
- ◆ The scores pertaining to discharge planning ranged from 92.1 percent for referral to self-help groups to 98.7 percent for additional agency referrals. 74.6 percent of the ISPs reviewed showed evidence of the incorporation of discharge planning.

²⁻³ Arizona Department of Health Services. *Practice Improvement Protocol 5: Substance Use, Abuse, and/or Dependence in Pregnant and Postpartum Women*. Phoenix, AZ: Arizona Department of Health Services, Division of Behavioral Health Services; 2003.

3. Facility Case File Review Results

The Haven

Table 3-1 represents the case file review results for The Haven. The Haven is an RTC located in Tucson that provides substance abuse treatment to women, and accommodates dependent children living on-site with their mothers. The mean length of stay at the time of the on-site case review was 49 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-1—Substance Abuse Prevention and Treatment Study Case File Review Results for The Haven				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	33	27.3%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	3	100.0%	6
	b. PTSD	2	100.0%	7
	c. Postpartum depression/psychosis	0	---	9
	d. Other:	1	100.0%	8
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	33	100.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	9	100.0%	24
	b. PTSD	1	100.0%	32
	c. Postpartum depression/psychosis	0	---	33
	d. Other:	2	50.0%	31
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	33	78.8%	*

Table 3-1—Substance Abuse Prevention and Treatment Study Case File Review Results for The Haven				
		DENOMINATOR	% of YES	# of NA
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	33	100.0%	*
	4. Use of Standardized addiction assessment tools	33	100.0%	*
	5. Education/Screening HIV/AIDS and STDs completed	33	100.0%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	33	9.1%	*
	B. Is there a current ISP completed by the residential treatment facility?	33	100.0%	*
	1. Evidence that family/support network participated in development of ISP	1	100.0%	32
	2. ISP includes recovery goals that are measurable and person centered	33	78.8%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	33	93.9%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	29	41.4%	4
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	21	100.0%	12
	6. ISP addresses discharge planning	33	39.4%	*
	7. ISP includes a safety plan where there are domestic violence issues present	9	66.7%	24
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	22	100.0%	11
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	20	75.0%	13
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	33	78.8%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	33	90.9%	*
V	Child/Family Involvement Services			

Table 3-1—Substance Abuse Prevention and Treatment Study Case File Review Results for The Haven				
		DENOMINATOR	% of YES	# of NA
	A. When appropriate, treatment involves family members, including the woman’s spouse and/or partner, or other support network	11	100.0%	22
	B. Does the client have dependent children?	33	72.7%	*
	1. If the client has dependent children, where are the children placed:			
	a. With mother	24	16.7%	*
	b. Relative	24	83.3%	*
	c. CPS	24	12.5%	*
	d. Other	24	4.2%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	11	100.0%	22
	2. OBGYN	1	100.0%	32
	3. Pediatricians	1	100.0%	32
	4. Therapists	4	100.0%	29
	5. Reproductive Health/Family Planning	0	---	33
	6. Dental Care	0	---	33
	7. Referring Agency	19	94.7%	14
	8. Other	16	100.0%	17
	B. Education on accessing and obtaining entitlements:			
	1. TANF	23	100.0%	10
	2. AHCCCS	25	100.0%	8
	3. WIC	0	---	33
	4. Other	11	100.0%	22
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	33	75.8%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	27	85.2%	6
	B. Self Help Groups: information provided for 12 step or other outpatient programs	24	79.2%	9
	C. Additional agency referral provided if necessary	19	100.0%	14
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-1 indicated that the aggregate performance scores for 27 of 39 evaluated indicators were at or above 80 percent, while 12 scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was for informational purposes only.

CODAC (Las Amigas)

Table 3-2 represents the case file review results for CODAC (Las Amigas). CODAC (Las Amigas) is an RTC located in Tucson that provides substance abuse treatment to women, and accommodates dependent children living on-site with their mothers. The mean length of stay at the time of the on-site review was 70 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-2—Substance Abuse Prevention and Treatment Study Case File Review Results for CODAC (Las Amigas)				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	13	76.9%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	3	66.7%	7
	b. PTSD	2	50.0%	8
	c. Postpartum depression/psychosis	0	---	10
	d. Other:	1	100.0%	9
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	13	84.6%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	8	100.0%	3
	b. PTSD	2	100.0%	9
	c. Postpartum depression/psychosis	0	---	11
	d. Other:	2	100.0%	9
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	11	63.6%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	11	90.9%	*
	4. Use of Standardized addiction assessment tools	11	18.2%	*

Table 3-2—Substance Abuse Prevention and Treatment Study Case File Review Results for CODAC (Las Amigas)				
		DENOMINATOR	% of YES	# of NA
	5. Education/Screening HIV/AIDS and STDs completed	11	100.0%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	13	84.6%	*
	B. Is there a current ISP completed by the residential treatment facility?	13	100.0%	*
	1. Evidence that family/support network participated in development of ISP	4	100.0%	9
	2. ISP includes recovery goals that are measurable and person centered	13	100.0%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	13	100.0%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	9	66.7%	4
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	12	100.0%	1
	6. ISP addresses discharge planning	13	92.3%	*
	7. ISP includes a safety plan where there are domestic violence issues present	4	75.0%	9
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	12	75.0%	1
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	12	100.0%	1
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	13	100.0%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	13	100.0%	*
V	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman's spouse and/or partner, or other support network	11	100.0%	2
	B. Does the client have dependent children?	13	100.0%	*
	1. If the client has dependent children, where are the children placed:			

Table 3-2—Substance Abuse Prevention and Treatment Study Case File Review Results for CODAC (Las Amigas)				
		DENOMINATOR	% of YES	# of NA
	a. With mother	13	0.0%	*
	b. Relative	13	76.9%	*
	c. CPS	13	53.8%	*
	d. Other	13	0.0%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	11	90.9%	2
	2. OBGYN	4	100.0%	9
	3. Pediatricians	1	100.0%	12
	4. Therapists	6	100.0%	7
	5. Reproductive Health/Family Planning	1	100.0%	12
	6. Dental Care	2	100.0%	11
	7. Referring Agency	13	100.0%	0
	8. Other	11	100.0%	2
	B. Education on accessing and obtaining entitlements:			
	1. TANF	8	100.0%	5
	2. AHCCCS	6	100.0%	7
	3. WIC	3	66.7%	10
	4. Other	13	100.0%	0
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	13	100.0%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	10	100.0%	3
	B. Self Help Groups: information provided for 12 step or other outpatient programs	13	100.0%	0
	C. Additional agency referral provided if necessary	12	100.0%	1
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-2 showed that the aggregate performance scores for 33 of 42 evaluated indicators were at or above 80 percent, while nine scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was for informational purposes only.

Women’s Transition Project (Renaissance House)

Table 3-3 represents the case file review results for Women’s Transition Project (Renaissance House). Women’s Transition Project (Renaissance House) is an RTC located in Bisbee that provides substance abuse treatment to women, and can accommodate dependent children living on-site with their mothers. The mean length of stay at the time of the on-site review was 81 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-3—Substance Abuse Prevention and Treatment Study Case File Review Results for Women’s Transition Project (Renaissance House)				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	5	40.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	1	100.0%	1
	b. PTSD	0	---	2
	c. Postpartum depression/psychosis	0	---	2
	d. Other:	0	---	2
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	5	80.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	2	100.0%	2
	b. PTSD	1	100.0%	3
	c. Postpartum depression/psychosis	0	---	4
	d. Other:	0	---	4
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	4	100.0%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	4	100.0%	*
	4. Use of Standardized addiction assessment tools	4	100.0%	*

Table 3-3—Substance Abuse Prevention and Treatment Study Case File Review Results for Women’s Transition Project (Renaissance House)				
		DENOMINATOR	% of YES	# of NA
	5. Education/Screening HIV/AIDS and STDs completed	4	100.0%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	5	40.0%	*
	B. Is there a current ISP completed by the residential treatment facility?	5	100.0%	*
	1. Evidence that family/support network participated in development of ISP	1	100.0%	4
	2. ISP includes recovery goals that are measurable and person centered	5	80.0%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	5	80.0%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	5	80.0%	0
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	5	80.0%	0
	6. ISP addresses discharge planning	5	60.0%	*
	7. ISP includes a safety plan where there are domestic violence issues present	0	---	5
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	4	100.0%	1
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	2	0.0%	3
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	5	100.0%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	5	80.0%	*
V	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman’s spouse and/or partner, or other support network	4	100.0%	1
	B. Does the client have dependent children?	5	20.0%	*
	1. If the client has dependent children, where are the children placed:			

Table 3-3—Substance Abuse Prevention and Treatment Study Case File Review Results for Women’s Transition Project (Renaissance House)				
		DENOMINATOR	% of YES	# of NA
	a. With mother	1	0.0%	*
	b. Relative	1	100.0%	*
	c. CPS	1	0.0%	*
	d. Other	1	0.0%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	4	100.0%	1
	2. OBGYN	1	100.0%	4
	3. Pediatricians	0	---	5
	4. Therapists	0	---	5
	5. Reproductive Health/Family Planning	0	---	5
	6. Dental Care	1	100.0%	4
	7. Referring Agency	1	100.0%	4
	8. Other	5	100.0%	0
	B. Education on accessing and obtaining entitlements:			
	1. TANF	4	100.0%	1
	2. AHCCCS	2	100.0%	3
	3. WIC	1	100.0%	4
	4. Other	5	100.0%	0
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	5	60.0%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	5	80.0%	0
	B. Self Help Groups: information provided for 12 step or other outpatient programs	4	100.0%	1
	C. Additional agency referral provided if necessary	5	100.0%	0
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-3 indicated that the aggregate performance scores for 30 of 35 evaluated indicators were at or above 80 percent, while five scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was for informational purposes only.

New Arizona Family (Pinchot Gardens)

Table 3-4 represents the case file review results for New Arizona Family (Pinchot Gardens). New Arizona Family (Pinchot Gardens) is an RTC in Phoenix that provides substance abuse treatment to women, and accommodates dependent children living on-site with their mothers. The mean length of stay at the time of the on-site review was 62 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-4—Substance Abuse Prevention and Treatment Study Case File Review Results for New Arizona Family (Pinchot Gardens)				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	26	80.8%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	7	100.0%	14
	b. PTSD	3	100.0%	18
	c. Postpartum depression/psychosis	0	---	21
	d. Other:	4	100.0%	17
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	26	50.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	5	100.0%	8
	b. PTSD	1	100.0%	12
	c. Postpartum depression/psychosis	0	---	13
	d. Other:	3	100.0%	10
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	13	100.0%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	13	100.0%	*
	4. Use of Standardized addiction assessment tools	13	84.6%	*

Table 3-4—Substance Abuse Prevention and Treatment Study Case File Review Results for New Arizona Family (Pinchot Gardens)				
		DENOMINATOR	% of YES	# of NA
	5. Education/Screening HIV/AIDS and STDs completed	13	92.3%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	26	38.5%	*
	B. Is there a current ISP completed by the residential treatment facility?	26	100.0%	*
	1. Evidence that family/support network participated in development of ISP	3	100.0%	23
	2. ISP includes recovery goals that are measurable and person centered	26	100.0%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	26	100.0%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	24	91.7%	2
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	22	100.0%	4
	6. ISP addresses discharge planning	26	92.3%	*
	7. ISP includes a safety plan where there are domestic violence issues present	0	---	26
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	21	100.0%	5
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	22	100.0%	4
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	26	100.0%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	26	42.3%	*
V	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman's spouse and/or partner, or other support network	14	100.0%	12
	B. Does the client have dependent children?	26	76.9%	*
	1. If the client has dependent children, where are the children placed:			

Table 3-4—Substance Abuse Prevention and Treatment Study Case File Review Results for New Arizona Family (Pinchot Gardens)				
		DENOMINATOR	% of YES	# of NA
	a. With mother	20	30.0%	*
	b. Relative	20	75.0%	*
	c. CPS	20	15.0%	*
	d. Other	20	0.0%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	24	100.0%	2
	2. OBGYN	8	100.0%	18
	3. Pediatricians	4	100.0%	22
	4. Therapists	2	100.0%	24
	5. Reproductive Health/Family Planning	0	---	26
	6. Dental Care	1	100.0%	25
	7. Referring Agency	25	100.0%	1
	8. Other	17	100.0%	9
	B. Education on accessing and obtaining entitlements:			
	1. TANF	5	100.0%	21
	2. AHCCCS	7	100.0%	19
	3. WIC	0	---	26
	4. Other	11	100.0%	15
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	26	88.5%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	23	100.0%	3
	B. Self Help Groups: information provided for 12 step or other outpatient programs	21	90.5%	5
	C. Additional agency referral provided if necessary	17	100.0%	9
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-4 indicated that the aggregate performance scores for 36 of 39 evaluated indicators were at or above 80 percent, while three scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was for informational purposes only.

Native American Connections (Guiding Star Lodge)

Table 3-5 represents the case file review results for Native American Connections (Guiding Star Lodge). Native American Connections (Guiding Star Lodge) is an RTC located in Phoenix that provides substance abuse treatment to women, and accommodates dependent children living on-site with their mothers. The mean length of stay at the time of the on-site review was 27 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-5—Substance Abuse Prevention and Treatment Study Case File Review Results for Native American Connections (Guiding Star Lodge)				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	13	46.2%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	3	100.0%	3
	b. PTSD	0	---	6
	c. Postpartum depression/psychosis	0	---	6
	d. Other:	0	---	6
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	13	100.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	6	100.0%	7
	b. PTSD	1	100.0%	12
	c. Postpartum depression/psychosis	0	---	13
	d. Other:	0	---	13
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	13	92.3%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	13	92.3%	*
	4. Use of Standardized addiction assessment tools	13	100.0%	*

Table 3-5—Substance Abuse Prevention and Treatment Study Case File Review Results for Native American Connections (Guiding Star Lodge)				
		DENOMINATOR	% of YES	# of NA
	5. Education/Screening HIV/AIDS and STDs completed	13	100.0%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	13	46.2%	*
	B. Is there a current ISP completed by the residential treatment facility?	13	100.0%	*
	1. Evidence that family/support network participated in development of ISP	2	100.0%	11
	2. ISP includes recovery goals that are measurable and person centered	13	100.0%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	13	100.0%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	11	81.8%	2
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	11	100.0%	2
	6. ISP addresses discharge planning	13	100.0%	*
	7. ISP includes a safety plan where there are domestic violence issues present	4	25.0%	9
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	11	100.0%	2
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	13	100.0%	0
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	13	100.0%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	13	84.6%	*
V	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman's spouse and/or partner, or other support network	5	100.0%	8
	B. Does the client have dependent children?	13	84.6%	*
	1. If the client has dependent children, where are the children placed:			

Table 3-5—Substance Abuse Prevention and Treatment Study Case File Review Results for Native American Connections (Guiding Star Lodge)				
		DENOMINATOR	% of YES	# of NA
	a. With mother	11	45.5%	*
	b. Relative	11	45.5%	*
	c. CPS	11	27.3%	*
	d. Other	11	9.1%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	13	100.0%	0
	2. OBGYN	5	100.0%	8
	3. Pediatricians	2	100.0%	11
	4. Therapists	3	100.0%	10
	5. Reproductive Health/Family Planning	3	100.0%	10
	6. Dental Care	2	100.0%	11
	7. Referring Agency	11	100.0%	2
	8. Other	10	100.0%	3
	B. Education on accessing and obtaining entitlements:			
	1. TANF	13	100.0%	0
	2. AHCCCS	4	100.0%	9
	3. WIC	3	100.0%	10
	4. Other	2	100.0%	11
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	13	46.2%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	13	100.0%	0
	B. Self Help Groups: information provided for 12 step or other outpatient programs	13	92.3%	0
	C. Additional agency referral provided if necessary	4	100.0%	9
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-5 showed that the aggregate performance scores for 35 of 39 evaluated indicators were at or above 80 percent, while four scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was for informational purposes only.

Ebony House, Inc. (Elba House)

Table 3-6 represents the case file review results for Ebony House, Inc. (Elba House). Ebony House, Inc. (Elba House) is an RTC located in Phoenix that provides substance abuse treatment to women, and accommodates dependent children living on-site with their mothers. The mean length of stay at the time of the on-site review was 127 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-6—Substance Abuse Prevention and Treatment Study Case File Review Results for Ebony House, Inc. (Elba House)				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	8	12.5%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	1	100.0%	0
	b. PTSD	1	100.0%	0
	c. Postpartum depression/psychosis	0	---	1
	d. Other:	0	---	1
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	8	100.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	2	100.0%	6
	b. PTSD	1	100.0%	7
	c. Postpartum depression/psychosis	0	---	8
	d. Other:	1	100.0%	7
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	8	100.0%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	8	100.0%	*
	4. Use of Standardized addiction assessment tools	8	100.0%	*

Table 3-6—Substance Abuse Prevention and Treatment Study Case File Review Results for Ebony House, Inc. (Elba House)				
		DENOMINATOR	% of YES	# of NA
	5. Education/Screening HIV/AIDS and STDs completed	8	100.0%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	8	25.0%	*
	B. Is there a current ISP completed by the residential treatment facility?	8	100.0%	*
	1. Evidence that family/support network participated in development of ISP	4	25.0%	4
	2. ISP includes recovery goals that are measurable and person centered	8	37.5%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	8	100.0%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	6	16.7%	2
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	7	100.0%	1
	6. ISP addresses discharge planning	8	25.0%	*
	7. ISP includes a safety plan where there are domestic violence issues present	1	100.0%	7
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	8	100.0%	0
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	3	100.0%	5
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	8	87.5%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	8	50.0%	*
V	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman's spouse and/or partner, or other support network	6	50.0%	2
	B. Does the client have dependent children?	8	50.0%	*
	1. If the client has dependent children, where are the children placed:			

Table 3-6—Substance Abuse Prevention and Treatment Study Case File Review Results for Ebony House, Inc. (Elba House)				
		DENOMINATOR	% of YES	# of NA
	a. With mother	4	25.0%	*
	b. Relative	4	75.0%	*
	c. CPS	4	25.0%	*
	d. Other	4	0.0%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	6	100.0%	2
	2. OBGYN	1	100.0%	7
	3. Pediatricians	0	---	8
	4. Therapists	1	100.0%	7
	5. Reproductive Health/Family Planning	0	---	8
	6. Dental Care	0	---	8
	7. Referring Agency	5	100.0%	3
	8. Other	5	80.0%	3
	B. Education on accessing and obtaining entitlements:			
	1. TANF	1	0.0%	7
	2. AHCCCS	1	100.0%	7
	3. WIC	0	---	8
	4. Other	2	100.0%	6
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	8	62.5%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	7	100.0%	1
	B. Self Help Groups: information provided for 12 step or other outpatient programs	6	83.3%	2
	C. Additional agency referral provided if necessary	4	100.0%	4
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-6 indicated that the aggregate performance scores for 27 of 37 evaluated indicators were at or above 80 percent, while 10 scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was informational purposes only.

Community Bridges (Center for Hope)

Table 3-7 represents the case file review results for Community Bridges (Center for Hope). Community Bridges (Center for Hope) is an RTC located in Mesa that provides substance abuse treatment to women and their children, and accommodates children living on-site with their mothers. The mean length of stay at the time of the on-site review was 222 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement year, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-7—Substance Abuse Prevention and Treatment Study Case File Review Results for Community Bridges (Center for Hope)				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	23	8.7%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	1	100.0%	1
	b. PTSD	0	---	2
	c. Postpartum depression/psychosis	0	---	2
	d. Other:	1	100.0%	1
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	23	100.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	12	100.0%	11
	b. PTSD	1	100.0%	22
	c. Postpartum depression/psychosis	8	100.0%	15
	d. Other:	7	100.0%	16
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	23	100.0%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	23	100.0%	*
	4. Use of Standardized addiction assessment tools	23	100.0%	*

Table 3-7—Substance Abuse Prevention and Treatment Study Case File Review Results for Community Bridges (Center for Hope)				
		DENOMINATOR	% of YES	# of NA
	5. Education/Screening HIV/AIDS and STDs completed	23	100.0%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	23	0.0%	*
	B. Is there a current ISP completed by the residential treatment facility?	23	100.0%	*
	1. Evidence that family/support network participated in development of ISP	7	85.7%	16
	2. ISP includes recovery goals that are measurable and person centered	23	100.0%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	23	100.0%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	22	95.5%	1
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	23	100.0%	0
	6. ISP addresses discharge planning	23	100.0%	*
	7. ISP includes a safety plan where there are domestic violence issues present	4	50.0%	19
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	22	100.0%	1
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	22	100.0%	1
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	23	100.0%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	23	100.0%	*
V	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman's spouse and/or partner, or other support network	19	100.0%	4
	B. Does the client have dependent children?	23	100.0%	*
	1. If the client has dependent children, where are the children placed:			

Table 3-7—Substance Abuse Prevention and Treatment Study Case File Review Results for Community Bridges (Center for Hope)				
		DENOMINATOR	% of YES	# of NA
	a. With mother	23	78.3%	*
	b. Relative	23	73.9%	*
	c. CPS	23	17.4%	*
	d. Other	23	0.0%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	16	100.0%	7
	2. OBGYN	23	100.0%	0
	3. Pediatricians	13	100.0%	10
	4. Therapists	13	100.0%	10
	5. Reproductive Health/Family Planning	7	100.0%	16
	6. Dental Care	7	100.0%	16
	7. Referring Agency	19	94.7%	4
	8. Other	22	100.0%	1
	B. Education on accessing and obtaining entitlements:			
	1. TANF	4	75.0%	19
	2. AHCCCS	11	100.0%	12
	3. WIC	11	100.0%	12
	4. Other	23	100.0%	0
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	23	100.0%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	22	100.0%	1
	B. Self Help Groups: information provided for 12 step or other outpatient programs	16	100.0%	7
	C. Additional agency referral provided if necessary	12	91.7%	11
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-7 showed that the aggregate performance scores for 38 of 42 evaluated indicators were at or above 80 percent, while four scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was informational purposes only.

NOVA (Maverick House)

Table 3-8 represents the case file review results for NOVA (Maverick House). NOVA (Maverick House) is an RTC located in Glendale that provides substance abuse treatment to men and women, and does not accommodate dependent children living on-site with their mothers. The mean length of stay at the time of the on-site review was 10 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-8—Substance Abuse Prevention and Treatment Study Case File Review Results for NOVA (Maverick House)				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	10	0.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	0	---	0
	b. PTSD	0	---	0
	c. Postpartum depression/psychosis	0	---	0
	d. Other:	0	---	0
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	10	100.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	5	80.0%	5
	b. PTSD	0	---	10
	c. Postpartum depression/psychosis	0	---	10
	d. Other:	2	50.0%	8
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	10	100.0%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	10	100.0%	*
	4. Use of Standardized addiction assessment tools	10	100.0%	*

Table 3-8—Substance Abuse Prevention and Treatment Study Case File Review Results for NOVA (Maverick House)				
		DENOMINATOR	% of YES	# of NA
	5. Education/Screening HIV/AIDS and STDs completed	10	100.0%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	10	0.0%	*
	B. Is there a current ISP completed by the residential treatment facility?	10	100.0%	*
	1. Evidence that family/support network participated in development of ISP	3	66.7%	7
	2. ISP includes recovery goals that are measurable and person centered	10	100.0%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	10	100.0%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	8	0.0%	2
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	9	100.0%	1
	6. ISP addresses discharge planning	10	50.0%	*
	7. ISP includes a safety plan where there are domestic violence issues present	0	---	10
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	9	100.0%	1
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	4	50.0%	6
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	10	90.0%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	10	60.0%	*
V	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman's spouse and/or partner, or other support network	5	60.0%	5
	B. Does the client have dependent children?	10	50.0%	*
	1. If the client has dependent children, where are the children placed:			

Table 3-8—Substance Abuse Prevention and Treatment Study Case File Review Results for NOVA (Maverick House)				
		DENOMINATOR	% of YES	# of NA
	a. With mother	5	0.0%	*
	b. Relative	5	60.0%	*
	c. CPS	5	20.0%	*
	d. Other	5	20.0%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	10	50.0%	0
	2. OBGYN	0	---	10
	3. Pediatricians	0	---	10
	4. Therapists	2	0.0%	8
	5. Reproductive Health/Family Planning	0	---	10
	6. Dental Care	0	---	10
	7. Referring Agency	10	100.0%	0
	8. Other	2	100.0%	8
	B. Education on accessing and obtaining entitlements:			
	1. TANF	0	---	10
	2. AHCCCS	7	100.0%	3
	3. WIC	0	---	10
	4. Other	0	---	10
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	10	0.0%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	4	75.0%	6
	B. Self Help Groups: information provided for 12 step or other outpatient programs	10	100.0%	0
	C. Additional agency referral provided if necessary	0	---	10
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-8 showed that the aggregate performance scores for 16 of 29 evaluated indicators were at or above 80 percent, while 13 scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was for informational purposes only.

Verde Valley Guidance Clinic (A Women’s World)

Table 3-9 represents the case file review results for Verde Valley Guidance Clinic (A Women’s World). Verde Valley Guidance Clinic (A Women’s World) is a facility located in Cottonwood that provides substance abuse treatment to women, and accommodates dependent children living on-site with their mothers. The mean length of stay at the time of the on-site review was 96 days.

Due to variations across program structures (e.g., population/enrollment/mean length of stay) and denominator size of the individual indicators, caution should be used when interpreting the results.

Since this is a baseline measurement study, minimum performance standards have not been established for the indicators captured during the case file review.

Table 3-9—Substance Abuse Prevention and Treatment Study Case File Review Results for Verde Valley Guidance Clinic (A Women’s World)				
		DENOMINATOR	% of YES	# of NA
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?	11	100.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	10	100.0%	1
	b. PTSD	2	100.0%	9
	c. Postpartum depression/psychosis	0	---	11
	d. Other:	5	100.0%	6
	B. Is there an initial assessment or annual update completed by the residential treatment facility?	11	100.0%	*
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder	10	100.0%	1
	b. PTSD	3	100.0%	8
	c. Postpartum depression/psychosis	0	---	11
	d. Other:	6	100.0%	5
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)	11	54.5%	*
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)	11	81.8%	*
	4. Use of Standardized addiction assessment tools	11	100.0%	*

Table 3-9—Substance Abuse Prevention and Treatment Study Case File Review Results for Verde Valley Guidance Clinic (A Women’s World)				
		DENOMINATOR	% of YES	# of NA
	5. Education/Screening HIV/AIDS and STDs completed	11	100.0%	*
II	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?	11	63.6%	*
	B. Is there a current ISP completed by the residential treatment facility?	11	100.0%	*
	1. Evidence that family/support network participated in development of ISP	4	100.0%	7
	2. ISP includes recovery goals that are measurable and person centered	11	100.0%	*
	3. The scope, intensity and duration of services offered is congruent with diagnosis	11	100.0%	*
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc)	7	85.7%	4
	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals	9	100.0%	2
	6. ISP addresses discharge planning	11	100.0%	*
	7. ISP includes a safety plan where there are domestic violence issues present	1	100.0%	10
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement	9	100.0%	2
IV	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)	3	66.7%	8
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc)	11	100.0%	*
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum	11	27.3%	*
V	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman’s spouse and/or partner, or other support network	8	100.0%	3
	B. Does the client have dependent children?	11	45.5%	*
	1. If the client has dependent children, where are the children placed:			

Table 3-9—Substance Abuse Prevention and Treatment Study Case File Review Results for Verde Valley Guidance Clinic (A Women’s World)				
		DENOMINATOR	% of YES	# of NA
	a. With mother	5	0.0%	*
	b. Relative	5	100.0%	*
	c. CPS	5	0.0%	*
	d. Other	5	0.0%	*
VI	Coordination of Care			
	A. Evidence of coordination of care with:			
	1. PCP	9	100.0%	2
	2. OBGYN	0	---	11
	3. Pediatricians	0	---	11
	4. Therapists	2	100.0%	9
	5. Reproductive Health/Family Planning	0	---	11
	6. Dental Care	2	100.0%	9
	7. Referring Agency	6	100.0%	5
	8. Other	6	100.0%	5
	B. Education on accessing and obtaining entitlements:			
	1. TANF	0	---	11
	2. AHCCCS	0	---	11
	3. WIC	0	---	11
	4. Other	4	100.0%	7
VII	Drug Monitoring			
	A. Random drug screens are provided during the course of treatment	11	100.0%	*
VIII	Discharge Planning			
	A. Assessment of housing needs (immediate, transitional, or long term)	6	100.0%	5
	B. Self Help Groups: information provided for 12 step or other outpatient programs	7	100.0%	4
	C. Additional agency referral provided if necessary	4	100.0%	7
* NA was not an option for this question.				
--- Rates can not be provided for measures where the denominator is 0.				

- ◆ A review of the data presented in Table 3-9 showed that the aggregate performance scores for 32 of 36 evaluated indicators were at or above 80 percent, while four scores fell below 80 percent. Differences in the number of indicators evaluated were due to some responses not being applicable for all individuals. Question V.B.1a-d was for informational purposes only.

4. Client Interview Results

Table 4-1 represents the client interview responses to four of the questions pertaining to service provision. The majority of the responses were “yes.” Due to the small number of interviews conducted at each facility, caution should be used when comparing results across facilities.

Table 4-1—Client Interview Responses

Facility	# of Clients Interviewed	Do you feel your cultural preferences and race/ethnicity were included in planning the services you received within this program?		Do you feel this program has provided appropriate therapeutic interventions to you and your child?		Have steps been taken to prepare you for discharge?		Do your treatment services incorporate family/support system involvement (if applicable)?	
		Yes	No	Yes	No	Yes	No	Yes	No
The Haven	7	7	0	7	0	5	2	7	0
CODAC (Las Amigas)	3	2	1	3	0	2	1	3	0
Women’s Transition Project (Renaissance House)	2	2	0	2	0	2	0	2	0
New Arizona Family (Pinchot Gardens)	7	7	0	7	0	7	0	7	0
Native American Connections (Guiding Star Lodge)	2	2	0	1	1	2	0	2	0
Ebony House, Inc. (Elba House)	2	2	0	2	0	2	0	2	0
Community Bridges (Center for Hope)	4	4	0	4	0	4	0	4	0
NOVA (Maverick House)	3	2	1	3	0	2	1	3	0
Verde Valley Guidance Clinic (A Women’s World)	3	3	0	3	0	2	1	3	0
Total	33	31	2	32	1	28	5	33	0

The following statements are actual examples of client responses obtained during the client interviews:

Do you feel this program has provided appropriate therapeutic interventions to you and your child (if applicable)? If yes, please describe how.

- ◆ Yes. Each person is seen as an individual so your treatment fits you, group is very therapeutic, taught me parenting skills, helped me understand my child's development.
- ◆ Yes. I learn a lot from the lectures, I like all of the staff, they invite different people from the community to come in and talk with us, it's a really supportive house.
- ◆ Yes. The one-on-one's and group discussions are really helpful, they teach you relapse prevention and anger management, they provide family therapy.
- ◆ Yes. The rules that apply to you apply to everyone, staff is always available to speak with you if you have a problem, groups using visualization are very helpful.
- ◆ Yes. A lot of NA and AA meetings. Self help groups all day, extremely helpful to self and kids.

Have steps been taken to prepare you for discharge? If yes, please describe.

- ◆ Yes. They are talking with me about supportive housing.
- ◆ Yes. I'm going home but they are referring me to outpatient therapy and AA/NA meetings. I'm looking for a sponsor now.
- ◆ Yes. I just found a job and have several things lined up for transitional housing. Life Skills group helped with resume writing.
- ◆ Yes. ART meetings to identify needs, plan for discharge, housing, and employment.
- ◆ Yes. We have talked about aftercare. I will be going to Maricopa Workforce so I can get help finding a job.

Do your treatment services incorporate family/support system involvement (if applicable)? If yes, please describe.

- ◆ Yes. My parents and my probation officer visit. Healthy Families supports me in interacting and understanding my child. Family and support system can come to Family Education Group and staffings.
- ◆ Yes. ART meetings bring closest supports together (case managers, support system, COPE agency) to keep everyone informed. Kids services: staff love kids, have a playground, kids spend the night every other weekend.
- ◆ Yes. They have Family Circle that family can attend; help you to improve your relationships with your family by explaining treatment to them and letting you go on passes.
- ◆ Yes. In laws and the rest of recovery support team encouraged to be involved in treatment. Calls and visits encouraged.
- ◆ Yes. They encourage family involvement. My support is my CPS worker and I call her often; also my boyfriend and father of my child. They encourage you to get a sponsor.

Table 4-2 represents a thematic approach to reporting client interview responses when asked to describe what services were helpful to clients during their stay at the RTC. Due to the small number of interviews conducted at each facility, caution should be used when comparing results across facilities. Each number in the corresponding RTC boxes represents the number of clients who identified the thematic category as helpful.

Table 4-2—Client Interviews—Responses by Themes									
Question: What are some of the most helpful things about the services you and your child (if applicable) received within this program?	The Haven	CODAC (Las Amigas)	Women’s Transition Project (Renaissance House)	New Arizona Family (Pinchot Gardens)	Native American Connections (Guiding Star Lodge)	Ebony House, Inc. (Elba House)	Community Bridges (Center for Hope)	NOVA (Maverick House)	Verde Valley Guidance Clinic (A Women’s World)
Number of interviews	7	3	2	7	2	2	4	3	3
Staff assistance (e.g., helpful staff)	4	1	1	4	1	2	3	2	1
Services provided within the RTC and/or related skill attainment (e.g., parenting classes or parenting skills)	7	3	2	7	2	1	1	3	2
Assistance in obtaining services or entitlements external to the RTC or discharge planning (e.g., DES services)	1	2	1	4			2		
Engagement of family/support system and child services (e.g., family visits)	1	2		5	1		1		3
Structure of RTC program (e.g., well organized, consistent)	2	1		2	1	1	3	1	

Table 4-3 represents a thematic approach to reporting client responses when asked to describe what RTC services could be improved. Due to the small number of interviews conducted at each facility, caution should be used when comparing results across facilities. Each number in the corresponding RTC boxes represents the number of clients who identified the thematic category as needing improvement.

Table 4-3—Client Interviews—Responses by Themes

Question:	The Haven	CODAC (Las Amigas)	Women’s Transition Project (Renaissance House)	New Arizona Family (Pinchot Gardens)	Native American Connections (Guiding Star Lodge)	Ebony House, Inc. (Elba House)	Community Bridges (Center for Hope)	NOVA (Maverick House)	Verde Valley Guidance Clinic (A Women’s World)
What would improve the services that you and your child (if applicable) have received here?									
Number of interviews	7	3	2	7	2	2	4	3	3
No recommendations (e.g., needs are being met)	2		2	1	1	2	1		2
Services or equipment for children (e.g., more toys)	1	1		3	1				
Discharge housing (e.g., financing for transitional housing)	1			2					
Staffing (e.g., short staffed)	1	1		1					
Facility rules and services related (e.g., more guest speakers)	3	1		2			2	2	1

5. Staff Interview/Survey Results

Table 5-1 contains the responses across all nine facilities from the staff interview/survey tool for questions one and two. The information listed in Table 5-1 came directly from the staff interview/survey tools. Question one pertains to evidence-based best practices related to substance abuse treatment/practices. Question two pertains to evidence-based best practices related to treatment/practices to address abuse and trauma. The information provided by the facilities is a combination of best practice models and facility-specific approaches. Table 5-1 lists the majority of the information as recorded by the facilities; however, it is not an exhaustive list. The three most commonly reported practice models across all nine facilities included American Society of Addiction Medicine (ASAM) criteria, motivational interviewing, and stages of change.

Table 5-1—Staff Interviews—Best Practices Information Provided by Each Facility		
	What evidence-based best practices does your facility use regarding substance abuse?	What evidence-based best practices does your facility use regarding abuse/trauma?
The Haven	<ul style="list-style-type: none"> ◆ Mujer Sana Program ◆ Helping Women Recover (Covington) ◆ Recovery with Respect ◆ Adult Recovery Team ◆ Gender Specific ◆ Holistic Approach 	<ul style="list-style-type: none"> ◆ Grief and Loss Group ◆ Domestic Violence Group
CODAC (Las Amigas)	<ul style="list-style-type: none"> ◆ ASAM Criteria ◆ Motivational Interviewing ◆ Cognitive Behavioral Therapy ◆ Contingency Management ◆ Community Relations and Support 	<ul style="list-style-type: none"> ◆ Relational Model ◆ Ongoing Regression Therapy ◆ Community Model of Support
Women’s Transition Project (Renaissance House)	<ul style="list-style-type: none"> ◆ Contingency Management (Woodshop Trust Fund Available for Graduates) ◆ Holistic Approach ◆ Relapse Prevention Groups ◆ Permitting Women to be Accompanied by their Children ◆ Community Support Groups ◆ Accessible Entry into Treatment ◆ Yoga/Tai Chi Instruction ◆ Wellness Recovery Action Plan ◆ Cognitive Behavioral Therapy and Functional Analysis ◆ Anger Management Groups ◆ Group and Individual Therapy 	<ul style="list-style-type: none"> ◆ Seeking Safety Curriculum
New Arizona Family (Pinchot Gardens)	<ul style="list-style-type: none"> ◆ ASAM Criteria ◆ Relapse Prevention and Recovery (Gorski) 	<ul style="list-style-type: none"> ◆ Cognitive Behavioral Interventions and Person Centered Therapy

Table 5-1—Staff Interviews—Best Practices Information Provided by Each Facility

	What evidence-based best practices does your facility use regarding substance abuse?	What evidence-based best practices does your facility use regarding abuse/trauma?
	<ul style="list-style-type: none"> ◆ 12 Step Programs ◆ Socrates Scale (Stages of Changes Readiness Treatment Eagerness Scale-Version 8) ◆ Motivational Interviewing ◆ Stages of Change/Phase Completion ◆ Cognitive Behavioral Interviewing and Person Centered Methodology ◆ Pharmacological Approaches in Combination with Psychotherapy 	<ul style="list-style-type: none"> ◆ Stages of Change ◆ ASAM Criteria ◆ Motivational Interviewing ◆ 12 step Programs ◆ Counseling, Psycho-educational Groups ◆ Pharmacological Approach ◆ Medical Evaluation
Native American Connections (Guiding Star Lodge)	<ul style="list-style-type: none"> ◆ Hazelden Living in Balance Curriculum ◆ Motivational Interviewing ◆ ASAM Criteria ◆ Stages of Change ◆ Families/Daughters of Tradition (White Bison) ◆ Circle of strength (NACs Family Intensive Program) 	<ul style="list-style-type: none"> ◆ Healing the Trauma of Abuse (Copeland) ◆ Culturally-Specialized Curriculum for Domestic Violence (Murphy) ◆ Eye Movement desensitization and Reprocessing (EMDR) ◆ RN Support and Education for Pharmacotherapy ◆ HIV Education and Testing, Women’s Talking Circle and Sweat Lodge, Food and Nutrition Education Program
Ebony House, Inc. (Elba House)	<ul style="list-style-type: none"> ◆ ASAM Criteria ◆ Motivational Interviewing ◆ Cognitive Behavioral Therapy ◆ Stages of Change 	<ul style="list-style-type: none"> ◆ PTSD ◆ Greif and Loss ◆ Domestic violence ◆ Depression
Community Bridges (Center for Hope)	<ul style="list-style-type: none"> ◆ Stages of Change Motivational Framework ◆ Living in Balance: Moving from a Life of Addiction to a Life of Recovery ◆ Helping Women Recovery (Covington) ◆ Gender Specific ◆ Trauma Informed ◆ Relational, Resiliency and Strength Based Focus ◆ Family Focused ◆ Culturally Sensitive ◆ Participant Centered ◆ Collaborative with Other Delivery Systems and Partners 	<ul style="list-style-type: none"> ◆ Beyond Trauma (Covington) ◆ Seeking Safety: A Treatment Model for Trauma Informed PTSD and Substance Abuse (Najavitis) ◆ Trauma Informed Services

Table 5-1—Staff Interviews—Best Practices Information Provided by Each Facility

	What evidence-based best practices does your facility use regarding substance abuse?	What evidence-based best practices does your facility use regarding abuse/trauma?
	<ul style="list-style-type: none"> ◆ Substance Abuse Curriculum Developed as a Result of a Best Practice Study Conducted by the Department of Health and Human Services, Center for Substance Abuse Treatment 	
NOVA (Maverick House)	<ul style="list-style-type: none"> ◆ Stages of Change ◆ Motivational Interviewing 	<ul style="list-style-type: none"> ◆ Stages of Change ◆ Motivational Interviewing
Verde Valley Guidance Clinic (A Women’s World)	<ul style="list-style-type: none"> ◆ Matrix Model ◆ ASAM Criteria 	<ul style="list-style-type: none"> ◆ Seeking Safety (Najavitz) ◆ Beyond Trauma (Covington)

Due to the wide variety of innovative and beneficial programs that are made available to the clients by the RTCs, HSAG has not included the responses for questions 3 through 12 of the staff interview/survey. The wealth of information provided by the RTCs could not be summarized adequately without jeopardizing the intent of the respondents. Therefore, HSAG has supplied DBHS with the completed staff interview/survey data in its entirety. DBHS is currently in the process of conducting ongoing informational meetings with the RTCs, and may wish to use the information provided by the facilities for future sessions or focused groups. The RTCs willingly participated in the study and expressed the value of having the opportunity to participate in the study in a collaborative fashion.

Appendix A. Case File Review Tool and Instructions

Appendix A contains the Case File Review Tool and corresponding tool instructions developed by DBHS and provided to HSAG.

**Arizona Department of Health Services SAPT File Review Tool
for Women's Residential Treatment Programs**

#		Yes	No	N/A
I	Screening and Assessments for co-occurring			
	A. Is there an initial assessment or annual update completed by the enrolling agency external to the residential treatment facility?			
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder			
	b. PTSD			
	c. Postpartum depression/psychosis			
	d. Other: Describe other:			
	B. Is there an initial assessment or annual update completed by the residential treatment facility?			
	1. Assessment completed for co-occurring disorders:			
	a. Mood disorder			
	b. PTSD			
	c. Postpartum depression/psychosis			
	d. Other: Describe other:			
	2. Assessment of client vocational/educational needs completed (e.g. GED testing and services, literacy services, voc training, etc.)			
	3. Screening completed for abuse/trauma issues (e.g. domestic violence, sexual abuse/assault, PTSD)			
	4. Use of Standardized addiction assessment tools			
	5. Education/Screening HIV/AIDS and STDs completed			
	Comments:			
II.	Individual Service Plans (ISP)			
	A. Is there a current ISP completed by the enrolling agency external to the residential treatment facility?			
	B. Is there a current ISP completed by the residential treatment facility?			
	1. Evidence that family/support network participated in development of ISP			
	2. ISP includes recovery goals that are measurable and person centered			
	3. The scope, intensity and duration of services offered is congruent with diagnosis			
	4. Job Readiness is included in the ISP (GED, job training, job search skills, etc.)			

	5. Progress notes show evidence of progress or lack of progress toward identified ISP goals			
	6. ISP addresses discharge planning			
	7. ISP includes a safety plan where there are domestic violence issues present			
	Comments:			
III	Symptomatic Improvement			
	A. Is there evidence of symptomatic improvement?			
	Comments:			
IV.	Support Services			
	A. Parenting Education is provided (teaching women coping skills, activities to assist women with bonding, education on caring for substance exposed newborns, etc.)			
	B. Daily living skills education is provided (time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc.)			
	C. Female peer/recovery support /coaches are used and are part of the treatment continuum			
	Comments:			
V.	Child/Family Involvement Services			
	A. When appropriate, treatment involves family members, including the woman's spouse and/or partner, or other support network			
	B. Does the client have dependent children?			
	1. If the client has dependent children, where are the children placed:			
	a. With mother			
	b. Relative			
	c. CPS			
	d. Other: Describe other:			
	Comments:			

VI. Coordination of Care				
A. Evidence of coordination of care with:				
1. PCP				
2. OBGYN				
3. Pediatricians				
4. Therapists				
5. Reproductive Health/Family Planning				
6. Dental Care				
7. Referring Agency				
8. Other: Describe other:				
B. Education on accessing and obtaining entitlements:				
1. TANF				
2. AHCCCS				
3. WIC				
4. Other: Describe other:				
Comments:				
VII. Drug Monitoring				
A. Random drug screens are provided during the course of treatment				
Comments:				
VIII Discharge Planning				
A. Assessment of housing needs (immediate, transitional, or long term)				
B. Self Help Groups: information provided for 12 step or other outpatient programs				
C. Additional agency referral provided if necessary				
Comments:				

**ADHS/DBHS Substance Abuse Prevention and Treatment (SAPT)
Case File Review Instructions
Final 6-12-08**

The items below correspond to the SAPT File Review Tool. The file review will include all active cases as of the day of the onsite case file review for each of the 9 residential treatment facilities included in the study. All documents included in each case file should be considered in the review.

I. Screening and Assessments for Co-occurring Disorders

A.) Answer YES if there is an initial assessment or annual update completed by the enrolling agency (external to the residential treatment facility) that is dated in the last year (as calculated based on the date of the onsite review.) Answer NO if there is no initial assessment or annual update completed by the enrolling agency in the last year.

1) Answer YES if the initial and/or annual assessments (including physician progress notes) from the enrolling agency contain documentation addressing the essential elements associated with each diagnosis or situation. First look to see if the individual is diagnosed with one or more of the following diagnoses:

- a)** Mood Disorder: If the diagnosis is not present, answer NA for this category.
- b)** PTSD: If the diagnosis is not present, answer NA for this category.
- c)** Postpartum depression/psychosis: If the diagnosis is not present, answer NA for this category.
- d)** Other: List all additional diagnosis in the text field. If the diagnosis is not present, answer NA for this category.

More than one diagnosis/situation may apply. For any of the diagnoses not answered NA, review the initial assessment or the annual update, depending on which was completed in the case file and review physician progress notes. Using clinical judgment, determine if the assessment or assessments include the specified documentation addressing the essential elements for that particular diagnosis/situation. If the assessment or assessments contain the needed information, answer YES next to the diagnosis. If not, answer NO next to the diagnosis.

B) Answer YES if there is an initial assessment or annual update completed by the residential treatment facility within the last year (as calculated based on the date of the onsite review.) Answer NO if there is no initial assessment or annual update completed by the enrolling agency in the last year.

1) Answer YES if the initial and/or annual assessments completed by the residential treatment facility (including physician progress notes) contain documentation addressing the essential elements associated with each diagnosis or

situation. First look to see if the individual is diagnosed with one or more of the following diagnoses:

- a) Mood Disorder: If the diagnosis is not present, answer NA for this category.
- b) PTSD: If the diagnosis is not present, answer NA for this category.
- c) Postpartum depression/psychosis: If the diagnosis is not present, answer NA for this category.
- d) Other: List all additional diagnosis in the text field. If the diagnosis is not present, answer NA for this category.

More than one diagnosis/situation may apply. For the above diagnoses not answered NA, review the initial assessment or the annual update, depending on which was completed in the case file and review physician progress notes. Using clinical judgment, determine if the assessment or assessments include the specified documentation addressing the essential elements for that particular diagnosis/situation. If the assessment or assessments contain the needed information, answer YES next to the diagnosis. If not, answer NO next to the diagnosis.

2) Review the initial assessment or annual update to determine if the assessment includes the vocational/educational needs of the client (e.g. GED testing and services, literacy programs, vocational training, etc.) Answer YES if the assessment addressed this component. If the assessment does not address the vocational/educational needs of the client, answer NO.

3) Review the initial assessment or annual update to determine if the assessment includes a screening for abuse/trauma issues. (e.g. domestic violence, sexual abuse/assault, PTSD.) Answer YES if the assessment addresses this component. If the assessment does not address screening for abuse/trauma, answer NO.

4) Review the initial assessment or annual update to determine if the assessment includes the use of a standardized addiction assessment tool (e.g. ASAM, TWEAK AUDIT, DAST-10). Answer YES if a standardized addiction assessment tool is used. If the assessment does not include the use of a standardized assessment tool, answer NO.

5) Review the initial assessment or annual update to determine if the assessment includes education/screening for HIV/AIDS and STDs. Answer YES if education/screening for HIV/AIDS and STDs is conducted (e.g. risk assessment or lab) If the assessment does not include education/screening for HIV/AIDS and STDs, answer NO.

II. Individual Service Plan (ISP)

A.) If there is a current treatment plan in the case file completed by the enrolling agency external to the residential treatment facility, answer YES. Treatment plans should be updated at least annually, but more frequently if indicated. Answer No if the treatment

plan has been updated in the last 12 months. If there is no treatment plan in the case file completed by the enrolling agency external to the residential treatment facility, answer NO.

B) If there is a current treatment plan in the case file completed by the residential treatment facility, answer YES. Treatment plans should be updated at least annually, but more frequently if indicated. Answer No if the treatment plan has not been updated in the last 12 months. If there is no treatment plan in the case file that was completed by the residential treatment facility, answer NO.

1) If, in the treatment planning process, there is evidence that staff have made efforts to actively engage the involved family members/support network in the treatment planning process, answer YES. If there is evidence that family members/support network would have an impact on treatment planning but there is no evidence of staff efforts to engage them, answer NO. Answer NA if there is no family/support network. Since an adult individual has to give permission for other involved parties or family members to participate in treatment planning, this should be considered when deciding who should have been involved. For each person designated, evidence of active engagement includes verbal or written efforts to solicit their input.

2) Review the treatment plan to determine if it contains recovery goals that are measureable and person centered. If the treatment goals are measureable and person centered, answer YES. If the treatment goals are not measurable and person centered, answer NO.

3) Review the treatment plan to determine if the scope, intensity and duration of services offered is congruent with the diagnosis(es). If the scope, intensity and duration of services offered is congruent with the diagnosis(es), answer YES. If the scope, intensity and duration of services offered are not congruent with the diagnosis(es), answer NO.

4) Review the treatment plan to determine if job readiness (e.g. GED job training, job search skills, etc.) is included in the treatment plan. If job readiness is included in the treatment plan, answer YES. If job readiness is not included in the treatment plan, answer NO. Answer NA, if job readiness is not relevant for the client's situation.

5) Review the progress notes to determine if they show evidence of progress or lack of progress toward the identified treatment goals. If progress notes show evidence of progress or lack of progress toward the identified treatment goals, answer YES. If progress notes do not show evidence of progress or lack of progress toward the identified ISP goals, answer NO. You may answer NA if services provided are recent and there is no change in progress or if there is not sufficient time in the review period.

6) Review the ISP to determine if discharge planning is addressed. If the ISP addresses discharge planning, answer YES. If the treatment plan does not address discharge planning, answer NO.

7) Review the treatment plan to determine if it includes a safety plan where there are domestic violence issues present. If the treatment plan includes a safety plan, answer YES. If the treatment plan does not include a safety plan, answer NO. Answer NA if there are no domestic violence issues present.

III. Symptomatic Improvement

A) Review the physician progress notes, assessment information, and service/treatment plan, to determine whether there is evidence that services provided to the individual produced symptomatic improvement based on the individual's specific diagnosis/diagnoses. To qualify for a YES answer, there should be documented improvement in ANY of the symptoms specified for the chosen diagnosis. If there is improvement in one symptom, but worsening of another, answer YES, since there is documentation of some improvement. If there is documented improvement in symptoms not listed, but no improvement in the symptoms listed, answer NO. To answer NO, there will be no improvement or there will be documentation of a worsening or a regression in symptoms. You may answer NA if services provided are recent and there is no change in symptoms or if there is not sufficient time in the review period for the reviewer to determine effect.

IV. Support Services

A) Review the case file to determine if parenting education is provided. (e.g. teaching women coping skills, activities to assist women with bonding education on caring for substance exposed newborns, etc.). If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO. If parenting education is not relevant to the client's situation (e.g. the client is not pregnant and does not have dependent children), answer NA.

B) Review the case file to determine if daily living skills education is provided. (e.g. time management, stress management, money management, communication/social skills and anger management, grooming, home care, etc.) If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO.

C) Review the case file to determine if female peer/recovery support/coaches (e.g. AA sponsor) are used and are part of the treatment continuum. If evidence is present in the case file, answer YES. If evidence is not present in the case file, answer NO.

V. Child/Family Involvement Services

A) Review the case file to determine if treatment involves family members, including the woman's spouse and/or partner or other support network, when appropriate. If there is evidence that staff have made efforts to actively engage the involved family

members/support network in the treatment process, answer YES. If there is evidence that these individuals would have an impact on treatment but there is no evidence of staff efforts to engage them, answer NO. Answer NA if there is no family/support network. Since an adult individual has to give permission for other involved parties or family members to participate in treatment, this should be considered when deciding who should have been involved. For each person designated, evidence of active engagement includes verbal or written efforts to solicit their input.

B) Answer YES if the client has dependent children as of the date of the review. Answer NO if the client does not have dependent children as of the date of the review.

1) Indicate where the dependent children are residing as of the date of the review. More than one response may be appropriate if multiple dependent children are involved. Answer YES to each of the placement settings in which a dependent child is currently residing. Answer NO to each of the placement settings where a child is not currently placed.

a) With mother

b) Relative

c) Child Protective Services (CPS)

d) Other- describe placement setting(s) in text field.

VI. Coordination of Care

A) Review the case file information to determine if there is evidence that, when appropriate, staff have made efforts to coordinate behavioral health care with each of the entities listed below. If there is evidence in the case file indicating that staff attempted to coordinate/communicate behavioral health care, answer YES. If there is evidence that these service providers would have an impact on treatment process but there is no evidence of staff efforts to engage them, answer NO. Answer NA if the service provider does not apply. Since an adult individual has to give permission for other involved parties to participate in treatment, this should be considered when responding to each component. Active engagement includes verbal or written efforts to solicit their input or share information.

1) PCP

2) OBGYN

3) Pediatrician

4) Therapist

5) Reproductive Health/Family Planning

6) Dental Care

7) Referring Agency

8) Other: Please describe in text field.

B) Review the case file to determine if there is evidence that, when relevant staff provided the client with education and/or made referrals for the follow services:

1) Temporary Assistance for Needy Families (TANF)

2) Arizona Health Care Cost Containment System (AHCCCS)

3) Women Infants, and Children (WIC)

4) Other: Please describe in the text field.

If there is evidence in the case file indicating that staff provided the client with education and/or made a referral for the services listed above, answer YES. If there is evidence that the services is relevant to the client, but there is no evidence of staff efforts to provide education and/or referral answer NO. Answer NA the service does not apply.

VII. Drug Monitoring

A) Review the case file to determine if there is evidence that random drug screening is provided during the course of treatment. Answer YES is there is evidence in the case file that random drug screening occurred during the course of treatment. Answer NO if there is no evidence of random drug screening during the course of treatment.

VIII. Discharge Planning

A) Review the case file to determine if there is evidence of assessment of housing needs (immediate, transitional, or long term) during the discharge planning process. Discharge planning is an ongoing process that should begin at the time of admission. If there is evidence of assessment of housing needs, answer YES. If there is no evidence of assessment of housing needs, answer NO. Answer NA if housing needs are not relevant to the client's situation.

B) Review the case file to determine if there is evidence that staff provided information and/or referral is provided for self help groups such as a 12 step program or other outpatient programs during the discharge planning process. If there is evidence that staff provided information and/or referral to self help groups, answer YES. If there is no evidence, answer NO. Answer NA if self help groups are not relevant to the client's situation.

C) Review the case file to determine if there is evidence that staff provided information and/or referral to additional agencies (if appropriate) during the discharge planning process. If there is evidence that staff addressed the client's need for self help groups and provided information and/or referral, answer YES. If there is no evidence, answer NO. Answer NA if self additional agency referrals are not relevant to the client's situation.

Appendix B. Interview Tools

Appendix B contains the interview tools developed by DBHS and provided to HSAG.

Arizona Department of Health Services SAPT Client Interview Tool

1	What are some of the most helpful things about the services you and your child (if applicable) received within this program?
2	Do you feel your cultural preferences and race/ethnicity were included in planning the services you received within this program? If no, please describe why.
3	Do you feel this program has provided appropriate therapeutic interventions to you and your child (if applicable)? If yes, please describe how.
4	Have steps been taken to prepare you for discharge? If yes, please describe.
5	Do your treatment services incorporate family/support system involvement (if applicable)? If yes, please describe.
6	What would improve the services that you and your child (if applicable) have received here?

Arizona Department of Health Services SAPT Staff Interview Tool

(To be completed by Clinical Director or designee)

Facility:

Person Completing Survey:

Title:

Date:

1 What Evidence Based Best Practices does your facility use regarding substance abuse?

2 What Evidence Based Best Practices does your facility use regarding abuse/trauma?

3 What is the process for training staff in delivering gender specific services (i.e., best practices, environment, frequency, etc.)?

4 What Self Help Groups are available to clients within the program (i.e., location of groups and how are the women assisted with access to these supports)?

5 What is your facility's process for Methadone Maintenance (if applicable)?

6 How does the facility assess the needs of dependent children? How are the identified needs addressed (facility provides interventions and/or linkages to other services)?

7 What *support services* are available to the clients with dependent children (i.e., child care, transportation, referral to pediatricians, etc.)?

8 What steps are taken to prepare the client for discharge?

9	How do you publicize your services within the community?
10	Describe your facility's policies and procedures addressing drug and alcohol screening, including frequency.
11	How does your agency address relapse?
12	If there is anything further you would like to share about your facility, please do so here.